

those miserable apologies for insane hospitals, known as the old and the new *mad-houses*; and that if the island is retained as a site for these institutions, the original design, fully satisfactory in its great outlines and principles, should at once be carried out to completion.

The following preamble and resolution were adopted by the Association, viz:

WHEREAS, in the selection of medical superintendents to American institutions for the insane, it is important to choose men with the highest qualifications, both as respects professional acquirements and moral endowments, therefore,

*Resolved*, That any attempt, in any part of this country, to select such officers through political bias, be deprecated by this Association as a dangerous departure from that sound rule which should govern every appointing power, of seeking the best men, irrespective of every other consideration.

The following resolutions were also adopted during the different sessions of the Association:

*Resolved*, That a committee be appointed to report to this Association, at its next meeting, the best terms for the classification and designations of the different forms of insanity, and also the best anatomical and pathological terms for the various parts of the brain, and a nomenclature of the diseases which prove fatal to the insane.

*Resolved*, That a committee be appointed to suggest the best plan of calling the attention of physicians in general practice to the proper treatment of the insane at their homes, and especially to their treatment during the first period of their disease.

*Resolved*, That the members of this Association be requested to prepare and present to a future meeting, a statistical analysis of all the cases of insanity which have been admitted into the different institutions under their care.

*Resolved*, That all subjects heretofore referred to committees, and not reported on at this meeting of the Association, be continued in the hands of the present committees for future action.

*Resolved*, That a committee be appointed who shall, either before or after our adjournment, select subjects and appoint members to report on the same, in writing, at the next meeting of the Association.

*Resolved*, That previous to the future meetings of the Association the secretary be requested to invite the Boards of Trustees, managers, or official visitors of each insane asylum on this continent, to attend the sessions of this body.

*Resolved*, That the thanks of this Association be tendered to Messrs. Coleman & Stetson, of the Astor House, for their very liberal provision for the meetings of the Association, and for which, on account of its benevolent objects, they have declined receiving compensation.

*Resolved*, That the thanks of the Association be tendered to the officers for the able manner in which they have performed the duties of their respective stations.

*Resolved*, That the Secretary be instructed to furnish an abstract of the proceedings of the Association to the editor of the American Journal of Insanity, and to the editors of the various Medical Journals in the United States, for publication in their respective periodicals.

The Association continued its sessions until the afternoon of the 12th of May, and then adjourned to meet in the city of Utica, N. Y., on the third Monday of May, 1849, at 10 o'clock, A. M.

By order of the Association,

THOMAS S. KIRKBRIDE, *Secretary*.

## DOMESTIC SUMMARY.

*Popliteal Aneurism successfully treated by Compression*.—Dr. J. KNIGHT, of New Haven, relates, in the *Boston Med. and Surg. Journ.* (May 10, 1848), the following case of popliteal aneurism, successfully treated by compression:—

"On the 18th of October, 1847, I was consulted, at the request of Dr. D. A. Tyler, of this city, by Henry Johnson, a wood-sawyer, about 48 years old, for a tumour in the left ham—the left leg being the limb he uniformly stood upon whilst

at his business. This tumour Dr. Tyler considered to be an aneurism of the popliteal artery. For several months he had suffered from pain in the limb, especially below the knee, which the patient thought was rheumatism; and about two months before, had discovered a small tumour in the ham, which pulsated from the beginning, and which, as well as the pain, had been gradually increasing. I found the tumour of such a size as to occupy the whole of the popliteal space, and to press strongly upon the tendons of the flexor muscles, particularly those upon the outside of the limb. The leg, below the knee, was very painful and largely œdematous. All the symptoms of aneurism were so strongly marked as to leave no doubt concerning the nature of the affection. The action of the artery and the pulsation of the tumour were easily suppressed by very moderate pressure upon the femoral artery, either where it passes over the bone of the pubis or in the groin, or still lower down where it passes under the sartorius muscle. The patient was directed to lie in bed for a few days; and to relieve the severe pain he suffered, laudanum was administered in doses of 30 to 40 drops, and, when necessary, some of the common cathartics. By these means, employed for about a week, the œdema of the leg was cured, and the pain very much diminished; indeed, while in bed he was free from pain. The tumour, however, was unchanged in site or character.

"We now concluded to attempt a cure by pressure on the femoral artery above the tumour, upon the plan recently practised by Hutton, Bellingham and others. For this purpose we employed successively all the means which have been described—the hoop tourniquet, the calliper-shaped instrument, the common tourniquet, guarding the limb against the pressure of the strap by encasing it in thick sole leather, and by a variety of other mechanical contrivances. There was no difficulty in controlling the artery, either diminishing its action or suppressing it, by any of the instruments employed. By whatever instruments, however, the pressure was made, however carefully it was guarded, whether continued upon one point only or shifted from one part of the artery to another, the pain in a short time became so severe that it could not be borne. There was no difference, in this respect, whether the limb was left uncovered or enveloped in a bandage from the toes upward. The pain was not in the part pressed upon by the instruments, but in the whole limb below, and was felt about equally in the thigh, especially the outside of it, and the leg below the knee. The pain usually began in 25 or 30 minutes after the pressure was applied, and became intolerable in 15 or 20 minutes longer, so that it could not be continued in any instance longer than an hour. These efforts were continued at intervals for eight or ten days, and, as nothing had been gained by them, were abandoned. Others have met with the same difficulty, and have been compelled to apply a ligature to the artery.

"Before resorting to this, I concluded, with the concurrence of Dr. Tyler, to try manual pressure upon the artery. To accomplish this, a sufficient number of assistants was procured from the members of the medical class, who cheerfully offered their services. They were divided into relays—two keeping up the pressure for four or five hours, relieving each other every half hour, and these succeeded by two others, and so on. Sufficient pressure to suppress the pulsations of the tumour was found to be most easily made with the thumb or fingers, without a compress, upon the artery, as it passes over the os pubis; and the direction given to the assistants was to keep up this amount of pressure as nearly continuously as possible. This treatment was commenced at 3 P. M. No pain of consequence was produced by it for five or six hours; and then it was not severe, so that the patient was quieted by one-eighth of a grain of morphia once or twice repeated, and slept for the most part during the night. About eight hours after the pressure was applied, the temperature of the limb was diminished, and it appeared shrunken in size. At 11 o'clock next morning, 20 hours from the commencement of the treatment, upon removing pressure from the artery, the tumour had diminished very little, if at all, and pulsated about as strongly as ever, but the tibial arteries could not be felt. Probably the blood had ceased to enter them from the tumour during the night, in consequence of a coagulum forming in the artery where it left the aneurism. Upon examining the parts the next morning, about 40 hours from the commencement of the treatment, the tumour was found nearly one-third smaller in size, firm and unyielding on pressure, and entirely without pulsation.

All treatment was discontinued. The femoral artery pulsated with its usual strength in the groin, and distinctly as far as its passage through the tendon of the adductor muscles. Between this point and the tumour, it could not be felt. Several of the anastomosing arteries, especially one upon the inside of the limb, could be felt pulsating strongly and enlarged in size.

"From that time to this, a period of five months, no change has taken place in the limb, except that the tumour has gradually diminished in size so as now scarcely to be felt; and the leg, which at first was cold and weak, has nearly regained its natural temperature and strength.

"The peculiarity of this case consists in the manner of making the pressure upon the artery, by the hands of assistants instead of mechanical contrivances; and in the very slight pain which the patient experienced from it. The advantages of this mode of making pressure are such, that I should at once resort to it, if, upon trial, pressure by instruments was found to occasion much pain.

It is interesting to look back upon the improvement which has been made in the treatment of aneurism during the past one hundred years. It is but seventy years since the only treatment ordinarily adopted for an external aneurism, consisted in cutting into it, emptying it of its blood, and applying a ligature to the two ends of the artery. The danger of this operation, from inflammation and from secondary hemorrhage, was such that a large proportion of the patients died.

"The first and greatest improvement, and that which has led to all the others, was the plan devised, not guessed at, but fairly reasoned out with great sagacity from well-known physiological and pathological laws, by Mr. Hunter, of placing a ligature upon the artery at a distance from the aneurismal tumour. The success of this mode of operating has been so great, that surgeons had almost ceased to look for any improvement on it.

"Upon this plan, however, the treatment by pressure is a great improvement. It is one so simple, so easily practised even by those not familiar with surgical operations, and, so far as it has been tried, so entirely free from danger, that it well deserves to be employed in all cases to which it is appropriate. The principal objection to this plan, is the pain which it sometimes produces. This is mentioned in the cases which have been stated, as often severe, and, in some, intolerable. This objection is removed, if it should be found, that in other cases, as in the one which I have stated, manual, in the place of instrumental pressure, is so easily borne. One case does not prove that it will be so, but it is sufficient to encourage others to make trial of it. In some cases of aneurism, which are so near to the trunk of the body that pressure cannot be made upon the artery between it and the heart, it may perhaps be made upon the distal side of the tumour with success. If it is so situated that efficient pressure can be made upon the artery beyond the tumour and before any considerable branch is given off from it, coagulation of the blood will probably take place, and a cure be effected.

"The treatment by pressure would seem, also, to be adapted to some cases of traumatic hemorrhage; those especially where a deeply-seated artery is divided at the bottom of a narrow wound, as in the palm of the hand or the sole of the foot. The trouble and anxiety which attend such cases, are familiar to every surgeon. In such cases, continuous pressure for a long time would probably not be necessary. It is a well-known fact, that arteries, when wounded, bleed in paroxysms at varying intervals, usually of several hours, and that obvious symptoms precede the hemorrhage. These are, increased heat, pain, and throbbing of the arteries of the part wounded. If, when these symptoms appear, pressure is made upon the artery above, as upon the brachial artery when the wounded artery is in the hand, the period of increased action of the vessels of the part and of hemorrhage may pass by, when the pressure can be removed, to be renewed again with the reappearance of the symptoms, and continued thus at intervals until the wound in the artery is healed. I make this suggestion for those into whose hands a case of this kind may fall. The trouble to the surgeon, which attends this mode of treatment, is not to be taken into the account when the life of the patient is involved, or when he is to be saved from a severe surgical operation."

*False Aneurism with Obliteration, probably congenital, of the Aorta.*—A highly interesting pathological preparation exhibiting a false aneurism with obliteration

of the aorta, was communicated to the Philadelphia College of Physicians at their meeting on the 1st of February last, by Dr. WEST, with the following history, which we copy from the Transactions of the College.

"I. G., an Italian by birth, and by occupation a cabinet-maker, aged 32 years; 5 feet 6 inches high; remarkably muscular and athletic; with the superior half of his body more developed than the lower; was taken on the 9th of January last, at noon, with great pain and distress in the chest, in consequence of which, my attendance was demanded in great haste.

"The attack, which was represented by the messenger as *colic*, had seized him suddenly, the pain being attended with great nervous agitation and distress. On my arrival, the patient was lying *quite flat* on his back in bed, complaining of great pain in the cardiac region, but without any marked difficulty of breathing, and with no particular disturbance of the circulation, so far as was discoverable by the pulse. His countenance indicated suffering, but it was not flushed nor darkly suffused. No physical exploration, unfortunately, was made, his attack being regarded as chiefly nervous in character, and induced, it was thought, by great bodily and mental fatigue, incident to the recent illness of his wife, who had been removed but a week before, as a patient into the Insane department of the Pennsylvania Hospital. During her illness and afterwards, I had had occasion to see the husband frequently, but had never heard him complain of anything; he appeared, on the contrary, to be in the enjoyment of robust health.

"After his death, I learned that, on last New Year's Eve, he had been taken suddenly, whilst at a billiard room, with dyspnœa or orthopnœa, of such severity as to require him to seek support with his hands upon the window-sill, where he might also enjoy a larger supply of fresh air. This attack lasted for several minutes, but when it had passed over he was able to walk home without assistance. Agreeably to the views entertained of the nature of his affection, he was ordered to take portions of a mixture of Hoffman's anodyne, tinct. assafœtidæ and camphor: to have sinapisms applied to the ankles, and to maintain perfect repose both of body and mind.

"At 10 P. M. I found him much relieved of his dyspnœa and general distress, but he still complained of pain about the heart. At this visit he was lying flat on his left side in bed, and without any apparent embarrassment either of the respiration or circulation. His friends, considering him much better, had left him for the night. The next morning he arose as usual and took his breakfast; shortly after this he said to a friend who had called to see him, that he wished the Doctor could relieve him of 'this pain,' indicating, at the same time, its seat, by placing his hand over the heart. He had scarcely uttered these words when he suddenly fell on the floor and expired.

"*Autopsy*—Seven hours after death. Muscular system everywhere much developed; no congestion of the cutaneous surface. On exposing the interior of the chest, the pericardium, in its right half, was found deeply ecchymosed; within this sac was effused a pint of blood, fluid and coagulated, in about equal proportions. On removing this blood, an aneurismal tumour of the aorta was discovered, extending from the origin of this vessel to the point at which the great vessels are given off from it. The large veins were all turgid with blood. The aneurism was both *true* and *false* in its character, being constituted by dilatation of the aorta in all its coats, and, also, by the expansion of its fibro-serous or pericardial investment; this latter membrane was much thickened, but not otherwise changed in structure, having been detached from the whole surface of the vessel, throughout the extent already mentioned, viz., from its origin at the heart to the great vessels springing from its arch, forming in this way, the *external* or *false* aneurismal sac. This latter was capable of containing at least half a gill of blood. The pouch of the aorta, formed by its dilatation, would have lodged a small hen's egg. The external sac displayed, at the distance of an inch from the heart, an opening or slit, about six lines in extent, which gave issue, finally, to the blood into the general cavity of the pericardium.

"The aorta was reduced, at the point of dilatation, to the thickness of parchment, but was in no other way changed in structure. This artery, in the whole space comprised by the origins of its great vessels, did not exceed in capacity the left carotid. Upon the superior semi-circumference of the aorta, and at the distance of an inch from its valves, which by the way were only two in number,

existed an irregular opening, of about ten lines in diameter, with torn, fringed edges. The point of rupture, for such was the character of this opening, bordered immediately upon the heart. No morbid deposit was found in the coats of the aorta, nor did they present, in the neighbourhood of the rupture, any other unnatural appearances than those of thinness and dilatation. These latter changes, it is presumed, were occasioned by the constant obstruction to the course of the blood, interposed by the peculiar condition of the aorta now to be described. This latter constituted the most interesting feature in the morbid anatomy of the case. On tracing the aorta beyond the origins of the great vessels, its cavity was found to be *entirely obliterated*, at a point immediately beyond or to the left of the ductus arteriosus, the remains of this latter vessel existing in the form of a ligamentous-like cord. The aorta presented at the point of obliteration, a well-defined and regular contraction, which looked exactly as if it had been produced by a ligature thrown around the artery, the closure of its cavity being occasioned simply by the approximation of its sides. No tumour or any other source of compression existed either at, or in the neighbourhood of, the stricture. Beyond this, the vessel immediately resumed very nearly its natural dimensions, and so continued throughout its course. It gave origin, in its whole length, to the usual branches; the upper pair of intercostals coming off immediately below the stricture.

"The blood, therefore, in order to reach these vessels, was obliged to take a very circuitous route, viz., from the aorta into the subclavians, thence, as will be seen, through the internal mammaries and epigastrics, to the external iliacs, and finally, from these latter it had to *pass up* the aorta towards the heart, thus reversing entirely the natural currents. The great power of the heart in propelling the blood is well illustrated by the present case.

"The large vessels springing from the arch of the aorta were much enlarged in capacity, especially the subclavians, which, as already intimated, were chiefly instrumental, by means of the internal mammaries and other branches, in keeping up the circulation between the heart and lower parts of the body. All the subclavian branches were increased in number and capacity, and so also were the vessels from below, with which they freely inosculated. The heart was generally enlarged and its walls thickened, but in neither of these respects to any remarkable extent. The internal mammary arteries, which pursued their course along the thoracic parietes in a *very tortuous* manner, were fully as large as the external iliacs, and so were the epigastric arteries; these vessels, viz., the mammaries and epigastrics, as already stated, constituting the main channels for keeping up the connection of the circulation above and below the aortic stricture.

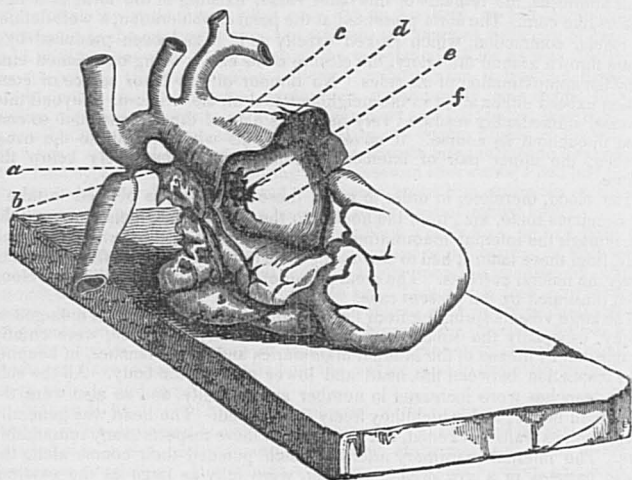
"In regard to the obliteration of the aorta, the question at once arises, was it not, in all probability, congenital? Such, we believe, to have been the fact, since it can hardly be imagined that the walls of this vessel, at any time after birth, could have commenced and maintained the close approximation necessary to ensure entire occlusion, without the aid of some extrinsic compulsory force, and nothing of this kind was revealed by dissection. We leave to the surgeon to determine the value of such cases in its bearing upon the operation for tying the aorta.

"Independently of its abnormal anatomy, the case is interesting in a pathological point of view, as exhibiting the want of relation between the morbid lesions found after death, and the *rational* symptoms exhibited by the patient during life.

"The physical signs, had they been consulted, might have revealed the aneurismal character of the disease, though they could not possibly have instructed us how to avert the necessarily fatal result. During the last week of his life, the patient had been constantly under our notice, and yet within this period, he had never, we believe, complained of the slightest feeling of indisposition. The dilatation of the aorta, to a greater or less degree, had no doubt existed for a long period, probably from birth; but of this we cannot be certain. The period, however, at which the blood found its way through the ruptured aorta into the external aneurismal sac, may be pretty satisfactorily conjectured, we think, by reference to the symptoms of the case. Was not the dissection of this fibro-serous covering of the aorta, by the gradual escape into it of the blood, the cause of the severe local pain in the chest felt by the patient within such circumscribed limits, and which, it will be recollected, was the prominent, indeed the only marked symptom?

Such, we conceive, would be a natural consequence of the disruption of this fibrous covering of the aorta, from its close attachment to the vessel. Owing, too, to the firmness of this connection, the formation of the external sac must have been very gradually accomplished, and unattended therefore, with any marked sensation on the part of the patient, until by its great distension it began to give rise at times to the pain complained of. The bursting of the external aneurismal sac was, of course, the immediate cause of the rapidly fatal result.

"The annexed drawing presents a very faithful representation of the aneurism after its rupture, and the contraction and obliteration of the aorta."



- a. Point of stricture of the aorta.  
b. Remains of ductus arteriosus.  
c. External aneurismal sac.

- d. Opening of external sac.  
e. Seat of rupture of the aorta.  
f. Aorta dilated.

*Case in which a Corpus Luteum in Process of Formation was found coinciding with Menstruation.* (Charleston Medical Journal, Jan. 1848.)—Dr. MYDDLETON MICHEL, in an interesting article "On the Dependence of Menstruation upon the Development and expulsion of Ova," relates the following case in which he found a corpus luteum in the process of formation, coinciding with menstruation.

The subject of this case was a woman convicted of murder, and executed on the 10th of Sept., 1847. At the post-mortem examination which was conducted by Drs. Gaillard, De Saussure and Cain, Dr. Michel requested that the internal organs of generation should be closely inspected.

"Upon the removal of the uterus and its appendages," says Dr. M., "we remarked that there was no perceptible increase of size in the parts, though evident signs of congestion were detected, particularly in the tubes. The mouth of the uterus was slightly opened, tumefied, and its orifice dripping with blood. A vertical incision being made through the organ, the internal surface was found coated with blood, though the congestion of its mucous lining membrane was particularly confined to the upper part, about the entrance of the tubes. The stroma of the ovary of the right side presented a number of vesicles working their way towards the surface, and on the surface one or more vesicles, in progress of development, containing a quantity of clear fluid which was ejected with much force as they were opened. In the ovary of the left side several others were also present, but on the anterior surface we discovered a ruptured Graafian vesicle, whose orifice



was partially closed by a clot of blood. This was evidently the one which had just discharged its ovulum. But being unprovided with the proper instruments, by the mutual suggestion of Dr. Gaillard and myself, I took this rare specimen with me to examine it carefully.

"I apprehend I can clearly establish, from the condition in which I found the vesicle, that Jane was not pregnant, and that menstruation had only begun a day or two. She was incarcerated some weeks previous to her execution, and her anxiety and suspense before she was apprehended, incline one to believe that her every thought must for some time have been directed to her approaching fate. But a better argument is furnished by the vesicle in question, for its rupture had positively just occurred, and here are the proofs: the opened vesicle was only partly closed by a clot of blood; the granular membrane surrounded this, even protruding through the opening. Under the microscope a fragment of this membrane exhibited its usual appearance of little hexagons arranged like mosaic work. I called the attention of Drs. R. Motte and Hunt to this membrane, who were present when I examined it. Cutting through the vesicle, I found its large cavity filled with the clotted blood which is the immediate cause of its rupture, and removing this coagulum, the inner tunic displayed great vascularity, its vessels ramifying over its surface like the artery on the retina. This membrane was not yet folding to constitute the corpus luteum.

"To those acquainted with the subject, it will be plain that rupture had recently occurred, and consequently that the ovum had not long escaped. I therefore diligently searched for the egg, knowing that if discovered, this would be the only case of the kind recorded. I was not fortunate in the attempt; the egg was in the tubes, but these were so corrugated (a condition in which all the other organs of like structure participated as perhaps the result of strangulation), that it was impossible to open them. The surface of the uterus was then carefully inspected with a strong lens, but nothing was discovered. The mucous membrane was not hypertrophied, neither were the uterine crypts nor glands visible as I have seen them during this period. I therefore conclude from this point, associated with the fact of the congestion being greatest at the entrance of the tubes, that menstruation had just commenced, and finally that this excitement commences in the ovaries, passes next to the tubes, and then encroaches upon the surface of the uterus. This last remark perhaps is worthy of notice, as I believe it has never been expressed."

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*Fracture of the Neck of the Femur within the Capsule—bony union.*—Dr. N. W. CONNELL relates in the *New Jersey Medical Reporter* (April 1848), a case of fracture of the neck of the femur occurring in a gentleman over 80 years of age. The accident happened in May, and the patient died early in the following November. The following were the *post-mortem* appearances.

"The muscles and all the structure about the cervix-femoris were more pale than usual, and scarcely gave out any blood upon being cut into. The capsular ligament was entire, giving no appearance of having been lacerated; its texture was somewhat thickened. The ligamentum-teres was in a state of vascularity, which gave it about the colour of the muscles around the joint, though it retained its wonted firmness and strength. The acetabulum was normal in appearance. The neck of the femur was shortened, and on opening the capsule the fracture was discovered wholly within it. The head of the bone had been broken across transversely, exactly at its point of union with the neck, and about two lines from the bony edge of the acetabulum. The ridge characteristic of the seat of fracture had been thrown out, and the re-union was firm for rather more than three-quarters of the circumference of the bone. The limb having been drawn up by the contraction of the muscles, a considerable angle was formed by the head and neck at their point of juncture, but they were as firmly united by osseous formation as if they had never been separated. On the upper side, where the fractured edges were not in apposition, union was not yet complete, but ossification was going on upon all the broken surface, and had the patient lived a few months, would doubtless have been perfected. Could the state of the injured part have been by any means ascertained, and had not the condition of the ankle forbidden it, the patient, I think, might safely have walked; there was sufficient firmness at the fracture for the limb to have contributed its share of support to the trunk. From

a fear lest some accident should befall the specimen in handling it, I left it with a mechanic to have the head protected by a covering of wire. He placed it for safe-keeping in a desk in his room, belonging to another man, who removing the desk in his absence, threw out the bone, supposing it to be of no value, and though diligent search was made, it was not recovered. I had the preparation in my possession for two or three years, and during that time it was shown to many members of the profession, who expressed but one opinion, that it was a case in which a *complete fracture entirely within the capsule was re-united by ossification.*"

*Spina Bifida Treated by Injection of the Tincture of Iodine.*—Prof. D. BRAINARD relates (*Illinois and Indiana Med. and Surg. Journ.*, Jan. 1848), a case of spina bifida treated with injection of tincture of iodine. The patient, a girl of 13 years of age, had a tumour at the top of the sacrum nine inches in circumference and about three in height, with thin walls. She had been paralytic in the lower members, but within three years had acquired a partial use of them. She was idiotic, and passed both the feces and urine without regard to place. From neglect of cleanliness, numerous ulcerations and large cicatrices had, from time to time, been formed upon the pelvis and thighs.

Under these almost hopeless circumstances, Dr. B. determined to inject into the sac a solution of iodine, with a view of exciting inflammation and procuring absorption. This was done on the 2d Dec. 1847, in the following manner:—A small puncture was made with the lancet on the sound skin about half an inch from the base of the tumour and a trochar of the size of a common knitting needle carried obliquely into the sac. Through the canula of this a solution of gr. j of hyd. potass. with gr. ss of iodine in f3i of water, was thrown into the sac and the instrument withdrawn. A sharp pain followed, which soon subsided. Compresses and a bandage were applied to prevent the escape of the fluid, and the child was laid in bed. There succeeded redness, heat and tension of the tumour with tenderness to the touch and some febrile symptoms, for which a cathartic was administered and evaporating lotions applied to the part. In the course of a week these symptoms subsided, and the tumour became soft, yielding, and diminished in size. Compression by means of a roller around the pelvis was then applied, and kept up with as great degree of force as could be borne, but the filthiness of the patient and her indocility prevented this from being applied with regularity. It was frequently removed for twelve hours or more at a time. Still it diminished, and on the 27th Dec. was about half its former size.

"At this time a second injection was used of half the strength of the first. This produced but little heat or pain, and the compression was continued. On the 15th Jan. 1848, the fluid was so far absorbed as to render it easy to press it down almost to a level with the surrounding skin. A spring truss was then substituted, and at the present time the sac lies in wrinkles, the bony opening can be distinctly felt, and there is no increase of swelling when the pressure is removed. Recently there has been manifested a decided improvement in the intellect of the child; the other difficulties remain the same; but with the removal of the cause, the partial paralysis will doubtless gradually disappear. The retention of the natural evacuations must depend upon the development of the intelligence, and the gaining of a control over the voluntary muscles. In its present condition, this case shows that the injection of a solution of iodine, followed by suitable treatment, is capable of curing an ancient case of hydrorachitis, and (so far as a single case can be taken as a guide) with but little danger. Further experience will be required to determine the strength and quantity of the medicine to be used, the frequency of the repetitions; in younger subjects than this, it is obvious that the dose employed should be not more than a fourth of that used at first in this case."

This certainly will be considered by most surgeons an extremely hazardous proceeding, and in its extenuation Dr. B. says "that a number of facts have, within the last few years, come under our observation, tending to show that serous membranes are, when filled with serum, much less disposed to inflammation than when in a healthy state. Experiments are required to show which among the astringent and stimulating fluids can be brought in contact with them with least danger; meanwhile the safety with which solutions of iodine may be thrown into the large articulations, into the sac of a congenital hernia, and in some instances into the peritoneum, and in this case into the arachnoid membrane, will free us



from the charge of presumption in suggesting that it, or some other solution, may be worthy of trial in those cases of hydrocephalus, ascites and hydrothorax, which are hopeless under ordinary treatment."

*Foreign Body in the Trachea—Tracheotomy—Cure.* By WM. DAVIDSON, of Madison county, Ind. (*Western Lancet*, May, 1848.)—The subject of this case was a child four years of age, into whose trachea a grain of corn had slipped. When seen by Dr. Davidson, half an hour after the accident, the child presented the following symptoms:—"Distressing and prolonged paroxysms of cough, terminating in emesis, and resembling in character cynanche tracheitis; indeed, so much so, that, without the previous history of the case, they might, even by experienced men, be readily mistaken for this disease; deep and laboured inspiration, with a purple countenance; the pulse slightly accelerated. Finding that the respiration became gradually easier, the periods of cough more distant from each other, and that the parents were much averse to an operation, it was resolved to allow the patient to rest, and, if possible, to obtain some sleep." During the night the patient slept for some hours, and the next day the symptoms were much ameliorated. The following day, however, every symptom became aggravated; "the cough was constantly present; inspiration appears to be painful, and made with much effort; countenance sunken, and of a leaden hue; the whole body bathed in a cold clammy perspiration.

"For the first time a foreign substance could be distinctly heard, during respiration, to pass up and down the trachea. It now became abundantly manifest, that suffocation was impending, and that without a resort to tracheotomy, dissolution was not far off. Thirty drops of chloroform, poured on a handkerchief, and laid over the nose and mouth of the patient, produced in less than a minute an unconscious state. Dr. D. immediately commenced the operation by an incision, a line or two above the cricoid cartilage, and extending downwards, in front of the trachea, for about two inches. In consequence of considerable venous hemorrhage, though the trachea was soon exposed, a half hour elapsed before an opening was made into it. At the end of that time, hemorrhage having ceased, four rings of the windpipe were divided, when, upon the first expiration, attended by a cough, a large sized grain of maize, which already showed signs of germination, was immediately ejected with considerable force.

"The edges of the wound were brought together by adhesive strips: and the child recovered without the appearance of any untoward symptoms.

"During all this time the patient was more or less under the influence of chloroform, which, of course, was renewed from time to time, as symptoms of returning consciousness made themselves apparent."

"Doubts," Dr. D. remarks, "might suggest themselves to the minds of many, as to the propriety of using chloroform in tracheotomy, from a dread that its sedative influence on the eighth pair would be such as to prevent coughing—an act almost essential to the expulsion of a foreign body from the trachea. I confess that I participated in these fears, which the event proved to be groundless; and it was only at the solicitation of Drs. Holcombe and Hodges, that I was induced to give chloroform a trial. No one but he who has operated on the trachea, with and without the chloroform, can sufficiently appreciate the value of this agent in tracheotomy. Without chloroform, in addition to the struggles and resistance which the child offers in ordinary cases, there is superadded, from the loud cries, alternate elevation and withdrawal of the trachea to a considerable depth. All those inconveniences are avoided with its use, and the embarrassments to be encountered are only such as appertain to an operation in any other region of the body."

*Expulsion of two Fetuses of unequal size at the same time.* (*Charleston Med. Journ.*, Jan., 1848.)—Dr. ELIAS HORLBECK relates the following interesting case, to which he was called on the 27th of June, 1847.

The patient, a coloured woman, had passed two menstrual periods, and was supposed to be about two months advanced in pregnancy. After undue exertion, she was seized with the most profuse flooding, which was arrested by the use of appropriate measures, and the woman made a rapid recovery. Dr. H. concluded

that the product of conception had been lost, as he had never seen a case in which there was such profuse flooding where the fœtus was preserved.

The patient afterwards suffered from occasional small hemorrhages, until Dr. H. was again called to see her, Oct. 16th, three months and nineteen days after the first attack, with profuse flooding; which had commenced two days previously. She stated that she had increased in size and in the regular course; had felt the movement of the child; that her breasts and abdomen had enlarged with all the other symptoms of gestation. The os uteri was open, pains were occurring at regular intervals, and things had gone so far that Dr. H. administered ergot to hasten the discharge of the embryo; after the first dose a well grown fœtus of between five and six months was expelled, which, her mistress stated, palpitated some time after its birth. The flooding was now checked, and the placenta was in the course of the evening discharged. On dissection it exhibited the following appearances. The placental mass was of considerable size, having a large ruptured sac on one side, lined with the amnion, from the centre of which sprang the umbilical cord. The maternal surface of the whole mass presented a fresh appearance, as if just separated from the uterus; on close examination, it could be divided into two unequal masses, connected with the smaller of which, was perceived a smaller fœtus enveloped with its usual coverings. The transparent amniotic covering containing a clear fluid, in which was floating a fœtus some seven or eight lines in length. The sac being opened, the embryo was recognized sound, fresh and plump and life-like in its whole appearance, presumed from its development to be about six weeks old. The features of the face, such as the eyes, mouth and nose, were distinctly visible, its thoracic and abdominal members about two lines in length, its abdomen completely closed. The umbilical vesicle was distinctly visible and filled with fluid. The cord had no swellings or bulgings in its course, but was of the same size throughout.

*Abnormal Distribution of the Thyroid Arteries.*—Prof. JAMES BLAKE describes in the *St. Louis Med. and Surg. Journ.* (June 1848), the following case of abnormal distribution of the thyroid arteries, which is interesting from the circumstance that in the subject in which it occurred, neither the operation of tracheotomy nor laryngotomy could have been performed without great danger of sacrificing the life of the individual. The subject in which it occurred, was a male about forty years of age, brought into the dissecting room of the St. Louis University, during the past session. The first anomaly that presented itself on dissecting the arteries going to the head and neck, was that of a considerable artery about the size of a quill, arising from the anterior and superior of the innominate, passing upwards and crossing the trachea about three-quarters of an inch above the sternum. After proceeding about two lines beyond the mesial line, it again turned to the right and crossed the mesial line about a quarter of an inch before the isthmus of the thyroid body, and proceeded to divide into branches along its lower edge on the right side.

On dissecting the superior thyroid arteries, it was found that the artery of the right side arose from the external carotid, at the place where it is generally found; but here it was seen to be much larger than usual; it proceeded downwards to the upper and outer angle of the thyroid body, but instead of dividing into its terminal branches, as it generally does, it turned forwards and to the left, running along the upper edge of the cricoid cartilage, or between it and the thyroid cartilage, and lying on the crico-thyroid muscle; it continued this course until it passed rather beyond the mesial line, crossing the crico-thyroid ligament. During its course, it sent branches downwards to the upper edge of the right side of the thyroid body, and the isthmus and its terminal branches were distributed to the left lobe of the thyroid body. The artery where it crossed the crico-thyroid ligament was as large as a crow-quill; there was no large anastomotic branch uniting with the superior thyroid artery of the opposite side, which was rather smaller than natural. The inferior thyroid arteries were natural, but that of the right side rather larger. The thyroid body was rather above the natural size, and somewhat more dense in its structure, and less red than it is generally found—the isthmus was broad, extending as far as the lower edge of the cricoid cartilage. From the above description it is evident that neither the operation of tracheotomy nor laryngotomy could have been performed in this subject without incurring the

greatest risk of wounding an artery, the bleeding from which might, under the circumstances, even have led to a fatal result.

*Iodide of Potassium a Cure for Nurses' Sore Mouth.*—Dr. H. D. HOLT states (*New York Journ. of Med.*, May 1848), that every case he has treated of this disease "has yielded within forty-eight hours to the use of iodide of potash in gr. v. doses three times a day."

*Geranium Maculatum a cure for Mercurial Salivation.*—Dr. GEO. M. MACLEAN has used in one case of mercurial salivation, he says, (*New York Journ. Med.*, May 1848,) an infusion of the *Geranium Maculatum* as a lotion with speedy and entire relief.

*Case of Chronic Tetanus successfully treated by Ether Inhalation.*—Dr. ISAAC PARRISH read to the Philadelphia College of Physicians, March 7th, (*Trans. Coll.*, vol. ii. No. 4,) an interesting case of phlegmonous erysipelas, commencing in the finger and extending up the hand and arm. Rigidity of the jaws supervened on the sixth day, followed by shooting pains up the limb to the neck and jaws. The preparations of opium, assafœtida, &c., having failed to make any impression, the inhalation of ether was tried on the seventh day, and it produced a most favourable anodyne effect, causing several hours refreshing sleep. The inhalation was repeated on the eighth day also with a favourable effect. Convalescence from this time was confirmed, and the patient recovered.

*American Medical Association.*—A full abstract of the proceedings of the Association, at its first annual meeting held in Baltimore in May last, having been given in the *Medical News and Library* for June, it is sufficient at present to state that the meeting was a most delightful one, that the deliberations were characterized by great harmony, and that the utmost zeal was manifested for the advancement of the profession. The volume of Transactions, which is now in press, will soon be published, when we shall hasten to lay before our readers an account of the highly interesting reports and memoirs read to the Association.

The following are the officers and standing committees for the present year:—

*President.*—Dr. A. H. Stevens, of N. Y.

*Vice Presidents.*—Drs. John C. Warren, Mass., Samuel Jackson, Pa., W. M. Awl, Ohio, and Paul F. Eve, Ga.

*Secretaries.*—Drs. Alfred Stillé, Pa., and H. I. Bowditch, Mass.

*Treasurer.*—Dr. Isaac Hays, Pa.

*Committee of Arrangements.*—Dr. Jacob Bigelow, *Chairman.*—Drs. E. Hale, Z. B. Adams, J. C. Dalton, John Ware, O. W. Holmes, and H. I. Bowditch, Boston.

*Committee on Medical Sciences.*—Dr. L. P. Yandell, Ky., *Chairman.*—Drs. S. M. Smith, Columbus, O., J. F. White, Cin., E. S. Carr, Vt., Samuel Jackson, (late of Northumberland,) Pa., G. S. Upshur, Va., and S. H. Harris, Tenn.

*Committee on Practical Medicine.*—Dr. D. F. Condie, Penn., *Chairman.*—Drs. W. W. Gerhard, Pa., M. Clymer, Philada., John Ware, Boston, Grafton Tyler, D. C., J. Fithian, N. J., and M. Z. Kreider, Ohio.

*Committee on Surgery.*—Dr. N. R. Smith, Md., *Chairman.*—Drs. H. F. Askew, Del., W. H. Baxley, Balt., J. Knight, Conn., J. Pancoast, Phila., H. H. McGuire, Va., and A. B. Shipman, Ind.

*Committee on Obstetrics.*—Dr. B. R. Welford, Va., *Chairman.*—Drs. J. F. Peebles, Va., Noble Young, D. C., Z. B. Adams, Mass., C. R. Gilman, N. Y., J. A. Eve, Ga., and R. Rouse, Ill.

*Committee on Medical Literature.*—Dr. J. P. Harrison, Ohio, *Chairman.*—Drs. G. Fries, Ohio, W. G. Edwards, Ill., W. M. Latta, Ind., O. W. Holmes, Mass., R. S. Stewart, Md., and J. M. Thomas, D. C.

*Committee on Medical Education.*—Dr. F. Campbell Stewart, N. Y., *Chairman.*—Drs. John Watson, N. Y., J. M. Smith, N. Y., A. L. Pierson, Mass., S. H. Pennington, N. J., P. C. Gaillard, S. C., and D. Meeker, Ind.

*Committee on Publication.*—Dr. I. Hays, Phila., *Chairman.*—Drs. A. Stillé, Phila., H. I. Bowditch, Mass., D. F. Condie, Phila., J. R. W. Dunbar, Md., B. F. Barker, Conn., and J. Jump, Del.

The next meeting of the Association will be held in Boston on the first Tuesday in May.